

FOR BOARD USE ONLY

Date Received: _____
 Education Requirement: _____
 Experience Requirement: _____
 NCIDQ Received: _____

FOR BOARD USE ONLY

Fee Received: _____
 Date Reviewed: _____
 Approved: _____
 Disapproved: _____
 Registration #: _____

**ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN**

Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-879-4232 ♦ Fax: 205-879-4232*51
 E-Mail ID.admin@idboard.alabama.gov

APPLICATION FOR INTERIOR DESIGNER REGISTRATION**INSTRUCTIONS:**

Please read registration eligibility requirements and fee schedule before filling out application. A non-refundable registration fee of \$50.00 made payable to Alabama State Board of Registration for Interior Design shall accompany this application. Application shall be signed and dated. This application shall be completed in its entirety. Please type or print clearly in black ink.

NAME: _____ **Maiden name if applicable:** _____

SOCIAL SECURITY NUMBER: _____

NOTE: The Code of Alabama 1975, sec. 30-3-194 "Alabama Child Support Act of 1997" requires all applicants to provide social security number.

EMAIL ADDRESS: _____

RESIDENCE ADDRESS: Number and Street _____

City _____ County _____ State _____ Zip Code _____

BUSINESS NAME: _____

Position or Title: _____

BUSINESS ADDRESS: Number and Street _____

City _____ County _____ State _____ Zip Code _____

TELEPHONE: Residence () _____ Business () _____ Fax () _____

Have you previously applied to the Alabama State Board of Registration for Interior Design? _____

NCIDQ: Have you passed the **NCIDQ** exam? _____ Date _____ Identification # _____

NOTE: Please instruct NCIDQ to submit examination passage verification form directly to the Board. Application is not complete until the verification is received. Original document required. No copies.

EDUCATION:

NOTE: One official copy of all college transcripts and/or technical school records must be sent directly from institution. Application is not complete until records are received. Original document required.

Are you a graduate of a FIDER accredited interior design program? YES () NO ()

If not, please explain. _____

Are you a graduate of an interior design program holding a current and valid Board approved status?

YES () NO () If not, please explain. _____

Do you have a combined minimum record of passing 48 semester or 60 quarter hours of interior design education? YES () NO ()

If not, please explain. _____

	Name of School	Complete Address	From Mo./Yr.	To Mo./Yr.	Degree Received	Total Years
College/Univ						
Tech./Prof.						

EMPLOYMENT RECORD & PROFESSIONAL EXPERIENCE: A current resume shall be attached to document all employment information to include place of employment, dates of employment, positions held, and full or part time. **NOTE:** Full time experience means at least 35 hours per week.

Have you worked under the guidance of a person holding a valid certificate of registration as an Interior Designer? If yes, please list them and their registration number.

NAME: _____ REGISTRATION NUMBER: _____

If not, please list them. _____

Please submit their resume and professional qualifications along with this application.

Have you participated in NCIDQ's IDEX program? () YES () NO If yes, please provide written documentation or certificate of completion. If not, please explain. _____

If you have not participated in NCIDQ's IDEX program, have you worked under the guidance of a Board approved mentor holding a valid certificate of registration? () YES () NO If yes, please provide written documentation or certificate of completion. If not, please explain. _____

Have you ever had a license revoked, suspended or otherwise sanctioned by any Board or agency in Alabama or any other state? () YES () NO If yes, attach copy of order.

Were you ever denied issuance of, or pursuant to disciplinary proceeding, refused renewal of any license by any Board or agency in Alabama or any other state? () YES () NO If yes, attach copy of order.

Have you ever been convicted of a felony?

() YES () NO If yes, attach copy of conviction and documentation of disposition.

Have you ever violated the state controlled substances act?

() YES () NO If yes, attach copy of conviction and documentation of disposition.

Have you ever directly or indirectly assisted with or contributed to the practice of interior design by a person not registered to practice interior design and not exempt according to the law? () YES () NO If yes, explain. _____

I acknowledge and affirm that I have not practiced nor offered to practice interior design, I have not used any of the following terms and titles "interior design", "interior designer", "interior design services," and "interior design consultant" and I have not advertised interior design services in violation of Code of Alabama §34-15B-1 et. Seq. I hereby apply for registration in the State of Alabama as an Interior Designer. I acknowledge and affirm that the accuracy of information given in this application is correct and true and authorize the Board to investigate any and all statements made herein.

Date: _____

Signature: _____

MAIL TO:
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